

SERIAL NUMBER <div style="text-align: center;">09/356,600</div>	FILING DATE <div style="text-align: center;">07/19/99</div>	CLASS <div style="text-align: center;">380</div>	GROUP ART UNIT <div style="text-align: center;">2766</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">SDT-040</div>
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APPLICANT

WILLIAM DUANE, WESTFORD, MA; PETER ROSTIN, TYRESO, SWEDEN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
 VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
 VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
 VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/09/99

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>	STATE OR COUNTRY <div style="text-align: center;">MA</div>	SHEETS DRAWING <div style="text-align: center;">13</div>	TOTAL CLAIMS <div style="text-align: center;">51</div>	INDEPENDENT CLAIMS <div style="text-align: center;">6</div>
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SEE CUSTOMER NUMBER: 021323

SYSTEM AND METHODS FOR MAINTAINING AND DISTRIBUTING PERSONAL SECURITY DEVICES

FILING FEE RECEIVED <div style="text-align: center;">\$1,682</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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